

November 30, 2004

Chief, Policy and Compliance Division

Transmittal # 79 CHAMPVA Policy Manual

**PUBLICATIONS AND TRANSMITTAL CHANGE
FOR THE CHAMPVA POLICY MANUAL (PM)**

Explanation of the changes and related index updates to the CHAMPVA PM are in the following summary.

Chapter 2, Section 4.1, CARDIOVASCULAR SYSTEM.

- Amends the Procedure Codes.
- Under Exclusions adds Robotically Assisted Coronary Artery Bypass Surgery.

Chapter 2, Section 9.2, OUTPATIENT DIABETES SELF-MANAGEMENT TRAINING.

- Amends Authority and Related Authority reference.
- Amends the Procedure Codes.
- Adds Definition for diabetes.
- Under Description adds an insulin treatment plan.
- Under Policy clarifies program coverage criteria.
- Under Policy Considerations clarifies that benefits are cost shared only for services related to the beneficiary and adds provider billing criteria.
- Under Exclusions adds counseling services that are not medically necessary.

Chapter 2, Section 19.1, MUSCULOSKELETAL SYSTEM.

- Under Effective Date adds August 8, 1997, for Hyalgan and Synvisc G-F-20 for osteoarthritis knee pain.
- Amends the Procedure Codes.
- Under Policy adds coverage criteria for Hyalgan and Synvisc G-F-20 for osteoarthritis knee pain injections.

Chapter 2, Section 20.1, NERVOUS SYSTEM.

- Under Exclusions removes referenced CPT codes.

Chapter 2, Section 25.1, RESPIRATORY SYSTEM.

- Amends Authority reference.
- Under Effective Date adds August 20, 2003, for LVRS (Lung Volume Reduction Surgery).
- Amends the Procedure Codes.
- Under Policy adds coverage criteria for LVRS.
- Under Exclusions adds indications for non-coverage for LVRS.

Chapter 2, Section 30.1, PHYSICAL MEDICINE/THERAPY.

- Under Exclusions adds Anodyne Therapy for any condition.

Chapter 2, Section 33.1, URINARY SYSTEM.

- Amends the Procedure Codes.
- Under Policy Considerations adds the Interstim® Continence Control System device for SNS (Sacral Nerve Stimulation), and TUNA (Transurethral Needle Ablation) with patient criteria.
- Under Exclusions adds that bladder stimulators (pacemakers), spinal cord, rectal, vaginal or bladder wall stimulators, (direct or indirect), and transurethral balloon dilation of the prostate are not covered benefits, and removes TUNA of the prostate.

Chapter 2, Section 33.2, BLADDER STIMULATORS.

- Adds Policy Considerations for SNS (sacral nerve stimulators) for urge incontinence.

Code Index. Amends index to add and delete codes referenced in this transmittal.

Subject Index. Amends index to add and delete changes referenced in this transmittal.

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